REPLY TO
ATTENTION OF

MCHS-IS   22 January 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems
and Biostatistics Activity (PASBA) Conference Room,
Building 126, at 0900 on 15 January 2002.

    a. Members Present:

        COL Halvorson, Team Leader, PASBA
        LTC Starcher, PASBA
        MAJ Wesloh, PASBA
        Ms. Leaders, TRICARE Operations Division
        Ms. Mandell, PASBA
        Ms. Robinson, PASBA
        Mr. James, PASBA

    b. Members Absent:

        COL Jones, ACofS (HP&S)
        LTC Dolter, Outcomes Management
        MAJ Burzynski, OTSG (IMD)
        MAJ Shahbaz, OTSG (Decision Support Cell)
        MAJ Griffith, RM
        MAJ Stewart, MEDCOM PAS
        Ms. Bacon, AMPO
        Ms. Bowman, TRICARE Operations Division
        Mr. Padilla, RM
        Mr. Thompson, Internal Review
        Ms. Cyr, ACofS (PA&E)
        Ms. Enloe, PASBA
        ACofS Personnel Representative

    c. Others Present:

        MAJ Ruiz, Representing COL Jones, ACofS (HP&S)

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        Ms. Sheppard, Representing Ms. Bacon, AMPO
        Ms. Jones, Representing MAJ Griffith, RM
        Mr. Fannin, Representing Mr. Thompson, Internal Review
        LTC Patrin, MEDCOM Clinical Services
        Mr. Bacon, PASBA

2. Opening Remarks. The chairperson commented there currently
is a heightened interest by higher command on data quality and
coding related issues.

3. Old/On-going Business.

    a. Approval of Minutes. There was one date correction to
the December minutes. The Army MEPRS Program Office (AMPO)
suspense for submission of October's Medical Expense and
Performance Reporting System (MEPRS) data was 21 December 2001
and not 25 December 2001 as stated in the minutes. There were
no other corrections to the minutes and they were approved.

    b. DQFAST Metrics (exceptions only). There were no
exceptions to report.

    c. Data Quality Management Control Program (DQMCP) Pending
Issues.

        (1) Coding Update.

        (a) Current Procedural Terminology (CPT) codes have
gone out to the field.

        (b) Training on coding.

        - 3M Corporation was selected to provide on-line
coding training for medical treatment facility (MTF) privileged
providers and coders. The contract is pending finalization and
invitational letters specifying training are yet to be prepared
by Health, Plans and Services (HP&S). The cost for training is
approximately $25 for privileged providers and $40 for coders.
Up to 7500 privileged providers and 500 coders can be trained
the first year of the contract and about 2000 slots will be
available the following year.

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        - The privileged providers' coding training portion
will be focused on medical record documentation required for
accurate coding. Continuing educational units (CEUs) will be
awarded, but it hasn't been determined if CEUs can be converted
to continuing medical education credits. Providers will need to
send their course completion documentation to their respective
subspecialty boards and/or the American Medical Association for
a determination.

        - The Medical Command HP&S office will administer the
overall on-line coding training program for privileged
providers. The HP&S representative was asked to brief the
Assistant Chief of Staff (HP&S) about the training programs and
required guidance letters.

        (c) Other coding improvement initiatives continue:
monthly coding video teleconferences with the MTFs and Regional
Medical Commands (RMCs); coding hotline; and related coding
metrics.

        (2) MEPRS Expense Assignment System IV Update. Eighty
percent of the sites have submitted data for the month of
October and 29 percent have submitted data for November. The
AMPO representative stated that the suspense for December was
extended due to the late release of the FY02 update tables. The
Air Force and the Navy also received their tables late.

    d. DQMCP, New Issues. The chairperson related that
Major General Sculley was sending a memorandum to all of the RMC
commanders stating that the RMC data quality managers were to be
present when he is briefed on the DQMCP.

    e. DQMCP Trends, enclosures 1 and 2.

        (1) With the changes made to the commanders data quality
statement it was difficult to make any comparisons with previous
data quality statements. However, there was a slight
improvement in patient coding, question 5a, b, and c. There was
a significant decrease on question 3a. The compliance went from
63 percent last month to 9 percent this month. This was
primarily due to facilities using the AMPO suspense date of
21 December instead of the TRICARE Management Activity (TMA)

suspense date of 15 December. Overall there were only minor fluctuations, either up or down, in compliance.

(2) A general observation was that the facilities having problems with compliance in one area were also exhibiting problems in other areas.

(3) A member expressed concern that, with the Green-Amber-Red percentages, there would be a decrease in diligence on the part of facilities. If a facility is less than 100 percent, but still identified as green, would the effort be expended to identify the reason for this difference?

f. <u>DQMCP Update</u>. A member related that there appears to be a wide-range of skill sets at the strategic level within a facility without data quality management training. What can be done to address this? It was related that there is quarterly training conducted by TMA on data quality. The training is not only for Data Quality Managers but is for others within the facility involved in data quality. Also, PASBA is planning an Army specific data quality conference, which would be conducted by region over the next year. **Decision: A new topic for the DQFAST to monitor will be Data Quality Training and Initiatives.**

g. <u>DQMCP Best Business Practices.</u> There were no recommendations from committee members. This area will be addressed again at the next DQFAST meeting. Members were requested to identify any known success stories within their functional areas.

h. <u>Data Quality in the Balkans.</u> Kosovo is having problems with their encoder/groupers not working with Windows 2000. Their Windows NT computers need to be "dummy-downed" in order to utilize the new encoder/groupers. It is not clear what is being done to rectify this situation. **Decision: The DQFAST will identify and assist those that are needed to correct this deficiency.**

4. New Business.

a. <u>Other New Issue Discussion</u>.

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      (1) An attendee related that an optimization briefing was given to The Surgeon General within the last week. One of the objectives of the briefing was to try and convey a sense of urgency to the fact that there is a lot of organizations making plans and projections using questionable full-time equivalents (FTEs). Much discussion ensued about how individual MTFs define FTEs, determination of overall FTEs, what is or is not available time, and in what context these determinations are made. All of this and more impacts on the ability of Resource Management to determine appropriate funding levels.

      (2) Another item brought forward was the plan by Fort Hood to open a new clinic. Beneficiaries would be reassigned from various clinics to this new clinic. Currently the only method to reassign these beneficiaries is to individually key in the change. This would be both time consuming and cost prohibitive. To reassign these beneficiaries in a batch mode, Fort Hood wants to get rid of their entire child Defense Medical Information System Identifications (DMISIDs). Fort Hood would then assign all of their outlying facilities to the same parent DMISID as the hospital, and would identify the outlying facilities by fourth level MEPRS codes. There are a number of major obstacles to identifying activities by fourth level MEPRS codes only. One of the major obstacles would be that this change would not be compatible with any of the other systems that use DMISIDs to identify activities. This change would also make it practically impossible to do any comparative analysis with other activities. **Decision: There are a number of questions concerning standardization issues, data retrieval, practicality, and cost implications that have not been addressed in Fort Hood's plan. Currently the committee does not recommend this proposed change.**

      (3) A member wanted to know what the rationale was for assigning DMISID's to Battalion Aide Stations (BASs). The reason was to connect the BASs to the Composite Health Care System (CHCS). It is believed this will provide better checks and balances on the health care delivered at the BAS. An example given was of a soldier prescribed medication that was incompatible with a medication currently being taken. Under CHCS there could have been a drug interaction check that would have precluded this from happening.

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5. Deferred Issue--None.

6. The meeting adjourned at 1010. The next meeting date will
be 19 February 2002 at 0900.

                                        /s/
2 Encls   JAMES A. HALVORSON
as   COL, MS
                                 DQFAST Team Leader

DISTRIBUTION:
1-Each Committee Member